

**GWS 1-01 – Introduction and Scope**

Att 1 Partial Exemption Process, Exhibit 1B

Rev. 0, 8/16/04

EFFECTIVE UPON ISSUE

Exhibit 1B  
Request for Partial Exemption

Group:	Technical Point of Contact:	Phone:	Fax:
		TA: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	Bldg: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> Room: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
Describe the specific welding activity and application for which the exemption is being requested: (Exemptions may be granted for specific activities and applications, not welding processes or general use)			
Describe specific Reason/Justification for Requested Exemption: (Program requirements for IWD, filler material control [see GWS 1-03], and qualified welders [see GWS 1-05] are still required)			
Requestor's Name:	Signature:	Z#:	Phone:      Date:
Approved by WPA*:	Signature:	Z#:	Phone:      Date:
		Exemption Expires*:	
Re-Approved by WPA:	Signature:	Z#:	Phone:      Date:

\*If approved, approval will be granted for one year at which time it must be resubmitted to the WPA.